SECTION FIVE CERTIFIED STAFF LIST for Name of Site

Students placed through the IEP process (all day school students) must be served with a student-teacher ratio no greater than 10-1 with a paraprofessional

Name of Teacher	Special Education Certifications Held (Check all that apply)	Certificate Number	Expiration Date	Change	Date of Change	Administrator Initials
	□ Cross Categorical □ ED □ LD □ MR □ OHI □ OI □ HI □ VI □ SLI □ Severe/Profound □ Early Childhood			☐ Add ☐ Delete		
	☐ Cross Categorical ☐ ED ☐ LD ☐ MR ☐ OHI ☐ OI ☐ HI ☐ VI ☐ SLI ☐ Severe/Profound ☐ Early Childhood			☐ Add		
	□ Cross Categorical □ ED □ LD □ MR □ OHI □ OI □ HI □ VI □ SLI □ Severe/Profound □ Early Childhood			☐ Add ☐ Delete		
	☐ Cross Categorical ☐ ED ☐ LD ☐ MR ☐ OHI ☐ OI ☐ HI ☐ VI ☐ SLI ☐ Severe/Profound ☐ Early Childhood			☐ Add		
	□ Cross Categorical □ ED □ LD □ MR □ OHI □ OI □ HI □ VI □ SLI □ Severe/Profound □ Early Childhood			☐ Add ☐ Delete		
	□ Cross Categorical □ ED □ LD □ MR □ OHI □ OI □ HI □ VI □ SLI □ Severe/Profound □ Early Childhood			☐ Add ☐ Delete		
	□ Cross Categorical □ ED □ LD □ MR □ OHI □ OI □ HI □ VI □ SLI □ Severe/Profound □ Early Childhood			☐ Add ☐ Delete		
	□ Cross Categorical □ ED □ LD □ MR □ OHI □ OI □ HI □ VI □ SLI □ Severe/Profound □ Early Childhood			☐ Add ☐ Delete		

Add additional pages as needed

Staffing additions or deletions made throughout the year must be submitted on this form within 10 days of any change.

Revised Apr-07 -1-